## **State of Connecticut**

10/08 This form may be reproduced by the local registrar's office

## Department of Public Health MARRIAGE LICENSE WORKSHEET

## BRIDE/ GROOM/ SPOUSE

## BRIDE/ GROOM/ SPOUSE

	NAME (First)	AME (First) (Middle)			NAME (First) (Middle)						(Last)	
-	SEX DATE	OF BIRTH (Mo., D	ay, Year)	AGE	SEX	DATI	E OF BIRTH (Mo.	, Day,	ay, Year) AGE		SE .	
H	BIRTHPLACE EDUCATION (No. Yrs. Completed				BIRTHPLACE EDUCATION (No. Yrs. Completed)							
			GRADES GRA 1-8 9-12	ADES COLLEGE (1-		.01				GRADES 9-12	COLLEGE (1-5+)	
	RESIDENCE (No	RESIDENCE (No. and Street)										
ľ	CITY OR TOWN	TY OR TOWN COUNTY		STATE	CITY OR TOWN		COUNTY		STATE			
	RACE		SUPERVISION OR COME GUARDIAN OR COME GUA	RACE			SUPERVISION OR CONTROL BY GUARDIAN OR CONSERVATOR YES NO					
	FATHER'S NAME					FATHER'S NAME						
O 0	ATHER'S BIRTHPLACE (State or Foreign Country)  MOTHER'S BIRTHPLACE (State or Foreign Country)				FATHER'S BIRTHPLACE (State or Foreign Country)			MOTHER'S BIRTHPLACE (State or Foreign Country)				
	MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN NAME							
	NO. OF THIS MARRIAGE				NO. OF T MARRIAG		NO. OF CIVIL UNIONS	IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS				
		1.□MARRIAGE 2.□CIVIL U						1.□MARRIAGE 2.□CIVIL UNION			VIL UNION	
T	LAST RELATION	ST RELATIONSHIP ENDED BY:				LAST RELATIONSHIP ENDED BY:						
1	1. □ DEATH 2. □ DISSOLUTION 3. □ ANNULMENT 4.□ PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER					1. DEATH 2. DISSOLUTION 3. DANNULMENT						
						4. PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER						
	SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE					SOCIAL SECURITY # OF BRIDE/GROOM/SPOUSE						
OFFICIATOR INFORMATION												
7	Officiator's Name	(F	(Last)									
-	Officiator's Addre	ss						<u> </u>				
-	Town Where Mark	RIAGE CEREMONY WILL E	BE PERFORMED.				- Carrengery III March Co. Co.					